	NT TRANSMITTAL/RECEIPT F use of this form, see CPR 299; the pro					PLOY	(EES)		PAGE	NO.		NO. OF PAGES	DA	TE	
TO: FAO (Activity and M		FROM: CPO (Activity and Mailing Address)						TRANSMITTAL NUMBER CY DSSN SN SUBMITTING OFFICE NO. (Optional)							
	PAYROLL DOCUMENTS IDE	ENTIFIED	BELOV	W FOR I	INDIVII	DUALS	LISTED	ARE F	ORWAR	DED F	OR AC	TION			
		-				TYPE OF DOCUMENT					OTHER (Identify)		FOR F&AO USE		
LAST	AME, FIRST NAME, MI AND T 4 DIGITS OF SSN	SF 50	W4/W4E	SF 2817	SF 2809	SF 2810	STATE TAX FORM	SF 1150	SF 2801 & CSC 1084	SF 1190	DA 1256			REJECTS	MISSING
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DATE FORWARDED TYPED NAME OF SENDER			SIGNATURE							TELEPHONE					
DATE RECEIVED	TYPED NAME OF RECEIVER	E OF RECEIVER				SIGNATURE							TELEPHONE		

IO: CPO		FROIVI: FAO		DATE	
TRANSMITTA	L RECORD WAS RECEIVED ON	. DOC	CUMENTS LISTED WERE ACCEPTED FOR INITIAL	PROCESSING	
			TWO COLUMNS AS EITHER REJECTED (AND HE		
RETURNED) C	R AS MISSING. EXPLANATION OR INSTE	RUCTION IS PROVI	DED BELOW BY CORRESPONDING LINE ITEM NU	JMBER.	
REQUEST APP	PROPRIATE CORRECTION AND/OR RESUBI	MISSION.			
LINE		EXPLAN	ATION OR INSTRUCTION		
DATE FORWARDED	TYPED NAME OF SENDER		SIGNATURE		TELEPHONE
DATE RECEIVED	TYPED NAME OF RECEIVER		SIGNATURE		TELEPHONE
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